

# Maxima Automatic Clearing House New Enrollment

To enroll in Maxima's automatic clearing house (ACH) payment service, please provide us with the following information and enclose your blank, voided cheque for the account which Maxima will withdraw your payments.

## Account Information

Application ATS # or Account Code

Fleet Card Product

Primary Contact Name

Company Name

Business Phone Number

Billing Address

City/Province/Postal Code

Email Address

## Enrollment Information

PAD Category: **Business**

Note: We cannot obtain acceptable banking information from deposit slips.

### Depository Account Information

Account Type:  Commercial Checking  Commercial Savings  Other: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Transit Number: \_\_\_\_\_ Financial Institution Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

- New EFT Enrollment Banking Details:** On a  Daily  Weekly  Semi-Monthly  Monthly (select one) basis, withdraw funds based on my statement balance and standard billing terms until notice of change or cancellation is provided to Fleetcor.

## Signature(s)

I hereby authorize and request Maxima Solutions Inc, "Maxima" to electronically withdraw funds from my account. I understand that the amount to be drafted will be based on the total amount due on my most recent statement less any new payments that may have been posted to the account after invoicing. I waive advance notice of the exact amount to be withdrawn. In the event if on the first attempt to withdraw the funds the payment is returned as insufficient funds I authorize "Maxima" to initiate a second attempt to withdraw the funds within 3-days. In addition, if an adjustment for an entry made in error is required I also provide "Maxima" with my authorization to make the adjusting entry. I also represent that the cited account has been set up in the name on the account stated above. This authorization will remain in effect until I revoke my authorization (which I may do so at any time) in writing or by calling Maxima, allowing up to 15 days to terminate the arrangement.


Signature of Account Holder

Signature of Joint Account Holder

Printed Name / Date

Printed Name / Date

Please tape your voided cheque on the copy of this form you are returning to Maxima Solutions Inc. Place your cheque on the space provided so that the bottom right corners are aligned. This will help you identify the necessary bank information to initiate electronic payments. **Note: If a savings account is being used, you must check with your bank to obtain the correct bank transit routing number and account number for electronic withdrawal.**



YOUR COMPANY NAME  
123 MAIN STREET  
YOUR TOWN, PROVINCE A1B 2C3

YOUR FINANCIAL INSTITUTION  
456 MAIN STREET  
YOUR TOWN, PROVINCE A4B 4C5

001

DATE 

Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D

PAY \_\_\_\_\_ \$  

VOID

TO THE ORDER OF XYZ COMPANY  
875 MAIN STREET WEST  
YOUR TOWN, PROVINCE A4B 5C6

PER \_\_\_\_\_

PER \_\_\_\_\_

⑈001⑈ ⑆12345⑆678⑆ ⑆123456⑆7⑈

Place the bottom left edge of your cheque here. Tape all four sides to the form.



**Return Instructions**

Please scan and email both pages of this completed form to [info@maximasolutions.ca](mailto:info@maximasolutions.ca) or fax to +1 (844) 832-0057. Please allow up to 15 days for changes to take place. Once the ACH is set up, you will receive a letter of confirmation from our office.

**Notice of Terms and Conditions**

My signature indicates my acceptance of these terms and acknowledges that I am an authorized representative of the Company listed above to provide such approval. Maxima will debit the above referenced account as I have instructed. If the Depository Institution returns an electronic debit request to Maxima for any reason, a Service Fee of \$50.00 CAD will be assessed. I further understand that the cardholder privileges may be temporarily suspended (the account locked to further charges) until such time that the debit entry is honored or if other payment arrangements to bring the account to a current payment status are made.

**Recourse Statement**

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debits (PAD) Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
**Signature of Account Holder**

\_\_\_\_\_  
**Signature of Joint Account Holder**

\_\_\_\_\_  
**Printed Name / Date**

\_\_\_\_\_  
**Printed Name / Date**